



## REGISTRATION FORM

Name \_\_\_\_\_ Surname \_\_\_\_\_ D.O.B \_\_\_\_\_ Age \_\_\_\_ Yr \_\_\_\_

Name \_\_\_\_\_ Surname \_\_\_\_\_ D.O.B \_\_\_\_\_ Age \_\_\_\_ Yr \_\_\_\_

Name \_\_\_\_\_ Surname \_\_\_\_\_ D.O.B \_\_\_\_\_ Age \_\_\_\_ Yr \_\_\_\_

School \_\_\_\_\_

Home address \_\_\_\_\_ Post code \_\_\_\_\_

Tel \_\_\_\_\_ Mobile \_\_\_\_\_ Date \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship to child \_\_\_\_\_ Contact number \_\_\_\_\_

How did you hear about KEW Tuition? \_\_\_\_\_

Comment/Area of concern \_\_\_\_\_

*A £10 registration fee is payable per family, cash and cheques accepted, cheques are to be made payable to KEW Tuition. Please note that terms fees must be made in advance, this is non-refundable and all classes must be taken for the amount paid or the amount paid will be forfeited.*

Parent/Guardian full name \_\_\_\_\_ Amount paid £ \_\_\_\_\_

## SUPPORT / INTERVENTION

**Attendance:** 96 – 100%  90 - 95%  89 – 95%  89% - below

**Punctuality:** On time  occasionally late  often late

**Academic achievement:**

**Primary school pupils**

Reading level .....

Writing level .....

Numeracy level .....

**Secondary school students**

English level .....

Math level .....

Science level .....

**School based support:**

	Current	Previously
Statement	<input type="checkbox"/>	<input type="checkbox"/>
School Action	<input type="checkbox"/>	<input type="checkbox"/>
School Action Plus	<input type="checkbox"/>	<input type="checkbox"/>
Speech and language	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Impaired	<input type="checkbox"/>	<input type="checkbox"/>

	Current	Previously
Learning Mentor	<input type="checkbox"/>	<input type="checkbox"/>
Counsellor	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Psychologist	<input type="checkbox"/>	<input type="checkbox"/>
Educational Psychologist	<input type="checkbox"/>	<input type="checkbox"/>
Visually Impaired	<input type="checkbox"/>	<input type="checkbox"/>

**External support:**

	Current	Previously
Mentor	<input type="checkbox"/>	<input type="checkbox"/>
Counsellor	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Psychologist	<input type="checkbox"/>	<input type="checkbox"/>
Educational Psychologist	<input type="checkbox"/>	<input type="checkbox"/>
Speech and language	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Impaired	<input type="checkbox"/>	<input type="checkbox"/>
Visually Impaired	<input type="checkbox"/>	<input type="checkbox"/>

**Name of provider**

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**Behaviour interventions:**

	Number of occasions			
Internal exclusion	<input type="checkbox"/>	1 -3 <input type="checkbox"/>	4-6 <input type="checkbox"/>	6+ <input type="checkbox"/>
Fixed term exclusion	<input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3+ <input type="checkbox"/>
Permanent exclusion	<input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

\*KEW Tuition will liaise with schools /service provider to monitor progress

## EQUAL OPPORTUNITIES MONITORING

**Please provide details of any disability, medical or special education needs?**

Please note that we are unable to administer any kind of medication, this is a **NUT FREE** centre!

**Ethnicity:**

White British  Asian British  Mixed White/Black Caribbean  Black British

White Irish  Indian  Mixed White/Black African  Black Caribbean

White Other  Pakistani  Mixed White/Asian  Black African

Chinese  Bangladeshi  Mixed Other  Black Other

Other please specify ..... Refuse

**Faith:**

Christian  Hindu  Buddhism  No Religion  Other

Muslim  Sikh  Jewish  Refuse

**Photo Consent**

I am happy for KEW Tuition to take photos of me or my child(ren) should they require it for publicity, newsletters/website.

**Photo Consent:** Y  N

Signed Parent/Guardian (if under 16)..... Date.....